

Differential visual system organization and susceptibility to experimental models of optic neuropathies in three commonly used mouse strains

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Abstract

Mouse disease models have proven indispensable in glaucoma research, yet the complexity of the vast number of models and mouse strains has also led to confusing findings. In this study, we evaluated baseline intraocular pressure, retinal histology, and retinofugal projections in three mouse strains commonly used in glaucoma research, *i.e.* C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. We found that the mouse strains under study do not only display moderate variations in their intraocular pressure, retinal architecture, and retinal ganglion cell density, also the retinofugal projections to the dorsal lateral geniculate nucleus and the superior colliculus revealed striking differences, potentially underlying diverging optokinetic tracking responses and visual acuity. Next, we reviewed the success rate of three models of (glaucomatous) optic neuropathies (intravitreal N-methyl-D-aspartic acid injection, optic nerve crush, and laser photocoagulation-induced ocular hypertension), looking for differences in disease susceptibility between these mouse strains. Different genetic backgrounds and albinism led to differential susceptibility to experimentally induced retinal ganglion cell death among these three mouse strains. Overall, CD-1 mice appeared to have the highest sensitivity to retinal ganglion cell damage, while the C57Bl/6 background was more resistant in the three models used.

44 **Key words**

45 mouse, retina, visual system, glaucoma, disease models, mouse strains, genetic background

46

47 **Highlights**

- 48 • C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice were studied
- 49 • Intraocular pressure, retinal histology, and RGC density varied in these strains
- 50 • Different retinofugal projections to the dLGN and SC were observed
- 51 • Optokinetic tracking responses and visual acuity were strikingly different
- 52 • The three strains were differentially susceptible to experimental RGC death

53 **Abbreviations**

54	CTB	cholera toxin subunit β
55	dLGN	dorsal lateral geniculate nucleus
56	dpi	days post injury/injection
57	IOP	intraocular pressure
58	L-Dopa	L-3,4-dihydroxyphenylalanine
59	LP	laser photocoagulation
60	NMDA	N-methyl-D-aspartic acid
61	ONC	optic nerve crush
62	PBS	phosphate-buffered saline
63	PFA	paraformaldehyde
64	<i>rd1</i>	<i>retinal degeneration 1</i> mutation
65	RGC	retinal ganglion cell
66	ROI	region of interest
67	(SD-)OCT	(spectral domain-) optical coherence tomography
68	(s)SC	(superficial layers of the) superior colliculus
69	TBS	tris-buffered saline
70	<i>Tyr</i>	Tyrosinase gene
71	VGlut2	vesicular glutamate transporter 2
72		

1. Introduction

Glaucoma is a heterogeneous group of disorders that have in common the progressive death of retinal ganglion cells (RGCs) and degeneration of the optic nerve. Worldwide, over 60 million people are believed to be at risk to become irreversible blind, due to this neurodegenerative disease (Quigley and Broman, 2006; Tham et al., 2014). Although elevated intraocular pressure (IOP) is considered the major risk factor –and sole target for clinical treatment– glaucoma etiology is still not completely understood and thought to involve a dynamic interplay of genetic predisposition and age-related and environmental stressors (Calkins, 2012; Calkins and Horner, 2012; Leske et al., 2007; Nickells, 2007). This complexity and multifactorial nature of glaucoma is challenging scientists and clinicians to understand the underlying mechanisms leading to neurodegeneration and to find novel therapeutic approaches to fight this blinding disease. Mouse disease models have proven indispensable in this quest, yet the complexity of the vast number of models and mouse strains has also led to confusing findings.

Previous papers reported that CD1- mice are more susceptible to ocular hypertension-induced glaucoma as compared to C57Bl/6 mice (Cone et al., 2010; Cone et al., 2012; Nguyen et al., 2013). This greater susceptibility could derive from structural differences in the eye/visual system of either mouse strain or from a differential response to elevated IOP. To assess whether albinism alone is the main factor predisposing CD-1 mice to more severe glaucomatous neurodegeneration, we tested CD-1, albino C57Bl/6 and pigmented C57Bl/6 mice in a model for ocular hypertension-induced glaucoma and two other optic neuropathy models (*i.e.* intravitreal N-methyl-D-aspartic acid (NMDA) injection and optic nerve crush (ONC)).

Whether or not related to albinism, many morphological and functional characteristics of the eye have been shown to vary among mouse strains, including IOP (Cone et al., 2012; John et

al., 1997; Savinova et al., 2001), aqueous humor outflow resistance (Boussommier-Calleja and Overby, 2013), scleral biomechanics (Nguyen et al., 2013), RGC and cone density (Salinas-Navarro et al., 2009b; Whitney et al., 2011; Williams et al., 1996), congenital retinal degeneration (Chang et al., 2013; Clapcote et al., 2005; Mattapallil et al., 2012; Serfilippi et al., 2004; Wong and Brown, 2006), susceptibility to photoreceptor death (Matsumoto et al., 2014), visual projection patterns (Drager and Olsen, 1980; Rebsam et al., 2012; Rice et al., 1995), and performance in vision-guided behavior tasks (Balkema and Drager, 1991; Wong and Brown, 2006). We therefore first investigated the baseline phenotype of the retina and retinofugal projection in the three wild type mouse strains mentioned above, looking for traits that might relate to the differential glaucoma susceptibility.

2. Methodology

2.1. Experimental animals

Three mouse strains/stocks¹ were used in this study: C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. The CD-1 and C57Bl/6-Tyr^c mouse strains both carry a homozygous Cys103Ser mutation (designated *Tyr^c*) in the tyrosinase (*Tyr*) gene, resulting in oculocutaneous albinism (Beermann et al., 2004; Lavado and Montoliu, 2006). Although C57Bl/6-Tyr^c and CD-1 are both albino mice, they have a very distinct genetic background: while C57Bl/6-Tyr^c inbred mice share the same genetic background as the C57Bl/6 strain, CD-1 mice are an outbred strain, implying high genetic heterogeneity (Chia et al., 2005).

All studies were conducted in compliance with the European Communities Council Directive of 22 September 2010 (2010/63/EU) and the Belgian legislation (KB of 29 May 2013), and

¹ Outbred colonies are usually referred to as ‘stocks’, whereas inbred ones are referred to as ‘strains’ or ‘lines’. However, to facilitate reading we will refer to all of them as ‘strains’.

were approved by the KU Leuven institutional ethical committee. Adult (2-4 months) C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice were obtained from the university breeding colony. Animals were kept under a 12/12 light-dark cycle and had *ad libitum* access to food and water.

2.2. Genotyping

Mice were genotyped for the *retinal degeneration 1 (rd1)* mutation of the *Pde6b* gene. Briefly, DNA was extracted from tail biopsies, and genotyping PCR was performed with the Fast Hotstart Genotyping PCR kit (Kapa Biosystems), in 30 cycles at the following temperatures: denaturation at 94°C for 30 seconds, annealing at 55°C for 30 seconds, and polymerization at 72°C for 30 seconds. The amplified DNA products were analyzed by electrophoresis on a 2% agarose gel. The following primer sequences were used, producing 237 bp and 562 bp bands for wild type and *rd1* genotypes, respectively:

5' ACCTGCATGTGAACCCAGTATTCTATC 3' (*Pde6b1*);

5' CTACAGCCCCTCTCCAAGGTTTATAG 3' (*Pde6b2*);

5' AAGCTAGCTGCAGTAACGCCATTT 3' (*Pde6b3*).

2.3. Intra-ocular pressure measurement

The IOP was measured in awake animals with a calibrated rebound tonometer (Tono-Lab, iCare) (Haddadin et al., 2009; Haddadin et al., 2012). IOP was measured before LP (day 0) and on day 1 till 7 following LP. In short, the mouse was hold with one hand by loosely grabbing the fur in the neck and care was taken to avoid stress and pressure on the neck region. Next, 10 independent IOP measurements were taken per eye, from which the highest two and lowest two values are excluded in order to reduce variability. An average IOP for each eye was calculated from the remaining six values. IOP measurements were always

performed in the morning, to avoid potential variability due to diurnal IOP variations. The untreated, contralateral eye was used as a control.

2.4. Spectral domain optical coherence tomography

Thickness of the retinal layers was evaluated using a spectral domain optical coherence tomography (SD-OCT) system (Envisu R2210, Bioptigen) (Buys et al., 2013). Upon general anesthesia (i.p. 75 mg/kg body weight ketamine, Anesketin, Eurovet; i.p. 1 mg/kg medetomidine, Domitor, Pfizer), pupils were dilated by topical application of 0.5% tropicamide (0.5% Tropicol, Thea). SD-OCT was performed using 100 consecutive B-scan lines composed of 1000 A-scans, in a 1.4x1.4mm field. After the procedure, anesthesia was reversed by means of atipamezol (i.p. 1 mg/kg, Antisedan, Pfizer) and antibiotic ointment was applied to the eye (tobramycin 3 mg/g, Tobrex, Alcon). Total retinal thickness and thickness of different retinal layers were analyzed using InVivoVue Diver 2.2 software (Bioptigen).

2.5. Optokinetic tracking response

The optokinetic tracking response was measured under photopic conditions in a virtual-reality chamber (OptoMotry, Cerebral Mechanics), as described by Prusky *et al.* (Douglas et al., 2005; Prusky et al., 2004). Briefly, a virtual cylinder comprised of a vertical sine wave grating was projected on four computer screens facing into a box. The animal was placed on a platform in the center of the arena and a video camera, situated above the animal, provided real-time video feedback. Visual acuity was measured using a staircase procedure, in which different spatial frequencies (100% contrast, 12° per second speed) varied randomly and separate for each eye. The experimenter judged whether the mouse displayed optokinetic

tracking, and the maximum spatial frequency at which optokinetic tracking seen, was determined.

2.6. Surgical procedures

All surgical procedures were performed under general anesthesia with ketamine and domitor (see above). After the procedure, anesthesia was reversed by means of atipamezol (see above), and antibiotic ointment (see above) was applied to avoid corneal desiccation and infection of the eye. Untreated eyes from a separate cohort of untreated animals served as controls.

2.6.1. Intravitreal injections

Intravitreal injections were performed as described (Lebrun-Julien et al., 2009), to deliver either anterograde tracer or NMDA. Briefly, a total volume of 2 μ l (0.5 μ l/second) was injected into the superior quadrant of the right eye using a glass capillary with a 50-70 μ m outer diameter, connected to a Hamilton syringe. In addition to general anesthesia, eye drops with topical anesthesia (oxybuprocaine 0.4%, Unicaïne, Thea) were given. For anterograde tracing of the dorsal lateral geniculate nucleus (dLGN) and the superior colliculus (SC), Alexa Fluor-488-conjugated cholera toxin β subunit (CTB) (0.5% in phosphate-buffered saline (PBS) containing 0.5% DMSO; Life Technologies) was injected in the right eye, and mice were sacrificed at 7 dpi. In order to induce retinal excitotoxicity, NMDA (7.5 mM, in PBS; Sigma-Aldrich) was injected, and animals were sacrificed at 4 days post injection (dpi).

2.6.2. Optic nerve crush

Intraorbital ONC was performed as described (Parrilla-Reverter et al., 2009). Briefly, an incision was made in the skin overlying the superior orbital rim, the supero-external orbital contents were dissected, and the superior and external rectus muscles were transected. The exposed optic nerve was then crushed 1 mm from the globe with a watchmaker's forceps for

10 seconds. Funduscopy was performed before and after the procedure to assess retinal perfusion. Animals were sacrificed at 7 days post injury (dpi).

2.6.3. Laser photocoagulation (LP)

Tropicamide eye drops (1% Mydracyl, Alcon) were administered to ensure pupil dilatation. Next, monocular hypertension in the left eye was induced via LP of the episcleral and perilimbal vessels, as described (Salinas-Navarro et al., 2009a; Valiente-Soriano et al., 2015). Briefly, a 532 nm diode laser (Vitra, Quantel Medical) was used to deliver a number of laser burns in one single session. The number of spots, power, and duration of the laser pulse were adjusted according to the mouse strain. For C57Bl/6 mice, the vessels were photocoagulated with 140 spots, with a laser power and duration of 100 mW and 0.05 seconds, respectively. For C57Bl/6-Tyr^c mice, the vessels were photocoagulated with 100 spots, with a laser power and duration of 200 mW and 0.5 seconds, respectively. For CD-1 mice, the vessels were photocoagulated with 70 spots, with a laser power and duration of 300 mW and 0.5 seconds, respectively. Animals were sacrificed at 14 dpi.

2.6.4. Retrograde labeling from the superior colliculus

To identify the population of RGCs with functional retrograde axonal transport in the ocular hypertension model, hydroxystilbamidine methanesulfonate (OHSt) (Life Technologies) was applied to both SC (Galindo-Romero et al., 2013; Salinas-Navarro et al., 2009b). In brief, after exposing the midbrain, a small pledge of gelatin sponge (Espongostan, Ferrosan) soaked in saline containing 10% OHSt and 10% DMSO, was applied over the entire surface of both SC following previously described methods (Salinas-Navarro et al., 2009). Retinas were dissected 4 days post LP, and subsequently immunostained for Brn3a (see below). Mosaic z-stack images of the entire retina were taken with a confocal microscope (FV1000, Olympus), equipped with FluoViewer 4.0 software (Olympus).

2.7. Hematoxylin and eosin staining

Mice were deeply anaesthetized (i.p. 30 mg/kg sodium pentobarbital, Nembutal, Ceva), perfused transcardially with 1% phosphate-buffered paraformaldehyde (PFA) and eyes were dissected. Eyes were fixed overnight in 1% PFA, processed for paraffin-embedding and transverse sections (10 µm) of the whole eye were made. Sections were first deparaffinized and rehydrated, followed by a histological staining with hematoxylin (Sigma) and 1% eosin (Prosan). Next, sections were dehydrated and mounted using DPX neutral mountant (Prosan). Images were taken with a light microscope (Zeiss Axio Imager Z.1), equipped with an AxioCam MRm camera and ZEN software (Zeiss).

2.8. Immunohistochemistry

In order to quantify retinal ganglion cell density, a Brn3 immunostaining was performed on retinal flatmounts (Galindo-Romero et al., 2011; Nadal-Nicolas et al., 2009). Mice were deeply anaesthetized with sodium pentobarbital (see above) and sacrificed by cervical dislocation. Eyes were dissected and fixed for 1 hour in 4% PFA. Next, retinas were flatmounted and again fixed for 1 hour in 4% PFA. Flatmounted retinas were frozen for 15 minutes at -80°C, before applying the primary antibody goat anti-Brn3a (Santa Cruz, C-20, sc-31984) (1:750), which was diluted in PBS containing 2% Triton X-100 and 2% rabbit pre-immune serum. The next day, Alexa Fluor-488-conjugated rabbit anti-goat IgG antibody (Life Technologies) (1:500) was applied for 2 hours. Retinal flatmounts were rinsed with PBS with 0.5% Triton X-100 in between steps, and mounted using mowiol mounting medium (10% mowiol 4-88 (Sigma-Aldrich), 40% glycerol, 0.1% 1,4-diazabicyclo-[2,2,2]-octane in 0.2 M Tris-HCl [pH 8.5]). Mosaic z-stack images of the entire retina were taken with a multiphoton microscope (BX61WI, Olympus), equipped with a MaiTai HP DeepSee laser (690-1020 nm, Spectra Physics) and FluoViewer 4.0 software (Olympus).

In order to delineate dLGN boundaries and SC stratification, an immunostaining for vesicular glutamate transporter 2 (VGluT2), a discrete marker for presynaptic glutamatergic terminals, was performed (Dekeyster et al., 2015a; Fujiyama et al., 2003). Mice were deeply anesthetized with sodium pentobarbital (see above) and perfused transcardially with 4% PFA. Brains were dissected and post-fixed overnight in 4% PFA. Vibratome sections (50 μ m) of the dLGN and SC brain regions, between Bregma -1.70 mm and -4.84 mm, were mounted on gelatin-coated microscopy slides and dried overnight at 37°C. After rehydration, sections were incubated in PaxD permeabilization buffer (PBS with 5 % bovine serum albumin, 0.3% Triton X-100, and 0.3% sodium deoxycholate) and blocking solution (0.01 M Tris-buffered saline (TBS) with 0.5% blocking reagent (Perkin-Elmer) and 20% normal donkey serum (Life technologies)). Next, sections were incubated overnight with rabbit anti-VGluT2 (Life Technologies, 42-7800) (1:300), diluted in PBS containing 0.3% Triton X-100 and 10% normal donkey serum. The next day, Alexa Fluor-647-conjugated donkey anti-rabbit IgG antibody (Life Technologies) (1:200) was applied for 2 hours. Sections were rinsed with PaxD in between steps, and cover slipped using mowiol mounting medium (see above). 4',6-diamidino-2-phenylindole (1 μ g/ml in PBS, Applichem) was used as a fluorescent nuclear counterstaining. Images were taken with an inverted confocal microscope (FV1000, Olympus) and were processed with FluoViewer 4.0 (Olympus) and Photoshop CS5 (Adobe) software.

2.9. Morphometric analyses and quantification of RGC density

Total retinal thickness, as well as thickness of the different retinal layers, was measured on 6 retinal sections per eye, using Fiji software (Schindelin et al., 2012). For each section, measurements were performed at two locations in the peripheral retina and two locations in the central retina.

269 RGC density was evaluated on entire retinal flatmounts after immunostaining for Brn3a.
270 RGC density (number of RGCs/mm²) was semi-automatically computed using Fiji software
271 and an in-house made macro (Geeraerts et al., 2015). Briefly, the mosaic picture of a full
272 Brn3a-stained retinal flatmount was subjected to a series of operations, consisting of noise
273 removal via Fiji's 'Remove Outlier' plugin, enhancement of the Brn3a⁺ signal of RGCs via
274 the determinant of the Hessian, and counting of the resulting local maxima as RGCs. Next,
275 the retinal flatmount was outlined, and its total area, total number of RGCs and average RGC
276 density were calculated.

277 The number of retrogradely labeled RGCs was manually counted after tracing with OHSt
278 using the "cell counter" plugin of Fiji software. OHSt⁺ RGCs were quantified in
279 twelve 250x250 µm frames per retina, by two independent, blinded observers.

280 RGC axon terminals, labeled via CTB tracing, were quantified using Fiji software. For the
281 dLGN, four regions of interest (ROI) were outlined: three ROIs in the contralateral dLGN (in
282 respect to CTB-injected eye) and one ROI in the ipsilateral dLGN. A schematic overview of
283 these ROIs, further referred to as 'contralateral', 'contra patch', 'contra in ipsi region', and
284 'ipsilateral', is depicted in Figure 2c. The ROIs 'contralateral', 'contra in ipsi region', and
285 'ipsilateral' were analyzed on three 100 µm-spaced coronal sections per animal within the
286 rostrocaudal region between Bregma -2.10 mm and -2.60 mm. The ROI 'contra patch' was
287 analyzed on all sections from Bregma -2.40 mm till -2.80 mm showing this feature.

288 Immunofluorescence intensity (per µm²) was analyzed in randomly placed frames (50 µm
289 diameter) in these ROIs and, after background subtraction, a mean value was calculated per
290 mouse. For the SC, CTB tracing was analyzed qualitatively on sections between Bregma -3.16
291 mm and -4.84 mm. The boundary between the visually driven superficial layers of the SC,
292 including the *stratum zonale*, *stratum griseum superficiale*, and *stratum opticum*, and the

underlying deep SC, was outlined based on a VGluT2 immunostaining. A scheme of the theoretical contralateral and ipsilateral RGC projection zones in the SC is depicted in Figure 3b.

2.10. Statistics

Normal distribution was verified using a Kolmogorov–Smirnov test and parallel equal variance between groups was tested. Outliers were identified and excluded, based on a Grubbs' test. Statistical tests are mentioned in the figure captions. Briefly, all baseline characteristics were either analyzed via a paired Student's *t*-test, a one-way ANOVA with *post hoc* Turkey's multiple comparisons test, or a two-way ANOVA with *post hoc* Dunnett's multiple comparisons test. Differences in experimentally induced RGC death were analyzed among the different strains using a two-way ANOVA with *post hoc* Turkey's multiple comparisons test. IOP profiles after LP were analyzed using a repeated measures two-way ANOVA with *post hoc* Dunnett's multiple comparisons test. A probability level (α -level was set to 0.05) of <0.05 was accepted as statistically significant (* $p<0.05$, ** $p<0.01$, *** $p<0.005$). All data are presented as mean \pm SEM, unless indicated otherwise. For all statistical analyses GraphPad Prism 6 (GraphPad Software) was used.

3. Results

3.1. Evaluation of baseline characteristics of three commonly used mouse strains in glaucoma research

3.1.1. Ocular phenotype

As elevated IOP has been identified as one of the major risk factors for glaucoma, we first evaluated baseline IOP in the three mouse strains under study. A significant difference in IOP was seen between C57Bl/6 and CD-1 mice, which had an IOP of 14.2 ± 0.1 mmHg and 13.2 ± 0.1 mmHg, respectively ($p<0.0001$). C57Bl/6-Tyr^c mice displayed an even higher IOP,

which –with a value of $16,6 \pm 0.2$ mmHg– was 2.4 mmHg and 3.4 mmHg higher than the IOP of C57Bl/6 and CD-1 mice, respectively ($p < 0.001$).

Next, we evaluated retinal histology via *in vivo* OCT imaging (Figure 1a-d) and on hematoxylin and eosin-stained retinal cross-sections (Figure 1e-h). No significant differences in the thickness of any individual retinal layer, and no signs of neurodegeneration were seen (Figure 1i). In addition, RGC density was quantified on retinal flatmounts, revealing a small yet significant, biological variation. Despite their elevated IOP, C57Bl/6-Tyr^c mice showed a similar RGC density as C57Bl/6 mice, which share an identical genetic background. CD-1 mice, on the other hand, exhibited significantly higher RGC densities than C57Bl/6 and C57Bl/6-Tyr^c mice (+28.5% and +22.4%, respectively) ($p < 0.0001$) (Figure 1j). A similar accordance was seen for the total RGC counts in these strains (data not shown).

Overall, the histological architecture of the three strains in this study is highly similar. Small, biological variations do exist, yet seem to be unrelated to developmental or neurodegenerative differences.

Importantly, OCT imaging and histological analysis sporadically revealed severe retinal dystrophy in CD-1 mice: the outer plexiform layer, outer nuclear layer, and photoreceptor layer were completely absent in a subset of these animals (Figure 1d, h). A large-scale genotyping experiment (N=106) confirmed that 21% of the mice in our CD-1 colony were homozygous for the *rd1* mutation of the *Pde6b* gene, leading to photoreceptor degeneration. These mice were excluded from the study.

3.1.2. Retinofugal projections

Retinofugal projections to the two major subcortical relay stations, the dLGN and SC, were studied after anterograde tracing with fluorescently labeled CTB (Figure 2c). Analysis of the CTB signal (fluorescence intensity/ μm^2) on coronal brain sections, unveiled prominent

differences in the patterns of RGC synapses in the dLGN and SC of C57Bl/6, C57Bl/6- Tyr^c, and CD-1 mice.

In the dLGN, ipsilateral projections from the CTB-injected eye (ROI 'ipsilateral') appeared more diffuse in C57Bl/6- Tyr^c and CD-1 mice, as compared to C57Bl/6 mice ([y] $p < 0.05$) (Figure 2a, b). In addition, when looking at the contralateral dLGN, the area with ipsilateral termini was not devoid of CTB signal (ROI 'contra in ipsi region') in C57Bl/6-Tyr^c and CD-1 mice: a black hole in the CTB⁺ contralateral dLGN signal is seen in C57Bl/6 mice, but not in the albino mice ([z] $p < 0.001$ *versus* C57Bl/6-Tyr^c, $p < 0.01$ *versus* CD-1) (Figure 2a (arrow), b). Moreover, in C57Bl/6 animals, the density of RGC synapses did not differ between the contralateral zone of the contralateral dLGN (ROI 'contralateral') and the ipsilateral zone of the ipsilateral dLGN (ROI 'ipsilateral'). However, in C57Bl/6-Tyr^c and CD-1 mice, ipsilateral projections showed lower fluorescence intensity/ μm^2 values *versus* contralateral projections (ROI 'ipsilateral' *versus* ROI 'contralateral') ([x] $p < 0.05$ for C57Bl/6-Tyr^c, $p < 0.001$ for CD-1) (Figure 2a, b).

Finally, a cluster of contralaterally projecting axon terminals that appeared separated from the other contralateral projections (ROI 'contra patch') was found in the contralateral, caudal dLGN, adjacent to the optic tract (Figure 2d). Interestingly, this phenomenon was only sporadically observed in CD-1 mice, in which it spanned a distance of less than 200 μm , while it was seen in all C57Bl/6-Tyr^c mice in this study, spanning a distance of approximately 500 μm along the rostrocaudal axis. Quantification of the CTB signal in this ROI 'contra patch' in the C57Bl/6-Tyr^c strain, showed that RGC axon termini were more dense as compared to the adjacent contralateral zone (ROI 'contra') ($p < 0.05$) (Figure 2e).

In summary, these results confirm a less strict segregation of ipsilateral and contralateral projections to the dLGN, and reduced – or at least more diffuse –, ipsilateral projections in C57Bl/6-Tyr^c and CD-1 albino animals, compared to the C57Bl/6 strain. Moreover, a spatial

368 segregation of densely packed contralateral RGC terminals was described in the caudal
369 dLGN of C57Bl/6-Tyr^c, and to a lesser extent CD-1, mice.

370 In the SC, in all three mouse strains, contralateral RGCs terminated in the superficial layers
371 of the SC (sSC), including the stratum zonale, stratum griseum superficiale, and stratum
372 opticum, and no apparent changes were noted in this dominant projection zone. In contrast,
373 differential segregation of the ipsilateral RGC axons to the lower stratum opticum was seen
374 (Figure 3a, b). In the rostral sSC, these ipsilateral projections were packed in a series of
375 delineated patches along the lateromedial axis (Figure 3a, cross-section 1). Similar to the
376 dLGN, ipsilateral projections to the SC were less dense and more diffuse in C57Bl/6-Tyr^c and
377 CD-1 mice, compared to C57Bl/6 animals, and seemingly interconnected (Figure 3a, cross-
378 section 1). More caudal along the rostrocaudal axis, the ipsilateral RGC axons bundled in a
379 tube running parallel to the brain midline (Figure 3a, cross-sections 2 and 3). In CD-1 mice,
380 this rostrocaudal tube appeared somewhat stretched along the lateromedial axis, rather than
381 being round, as was seen in the C57Bl/6 mice (Figure 3a, cross-section 3 (arrow)). Of note,
382 these disparities of the retinocollicular projections were most pronounced when comparing
383 C57Bl/6 with CD-1. The organization of the retinocollicular ipsilateral projections in
384 C57Bl/6-Tyr^c mice appeared to be somewhat in between the C57Bl/6 and CD-1 phenotypes,
385 with rostral patches being more delineated as compared to CD-1 mice, yet less dense as
386 compared to C57Bl/6. Furthermore, the rostrocaudal tube appeared less delineated and
387 slightly larger as compared to C57Bl/6 strain, but not as stretched as seen in the CD-1 mice.

388 Strikingly, all C57Bl/6 and C57Bl/6-Tyr^c mice displayed a small, densely labeled patch of
389 ipsilaterally projecting RGC axons terminating in the medial stratum zonale (Figure 3a,
390 cross-section 1 (arrowhead)), which was only visible over a rostrocaudal distance of less than
391 200 μ m. This was never observed in CD-1 animals and might therefore be linked to the
392 C57Bl/6 genetic background. Of note, the strain-related differences in the visual projection to

the SC shown in this study relate to the ipsilateral projection zones, which make up only 1 to 3% of the SC. Anterograde/retrograde axonal tracing to/from the SC therefore remains a legitimate ways of assessing axonal transport differences in these strains (see below). Taken together, as with the retinogeniculate projections, ipsilateral projections to the SC were more diffuse in C57Bl/6-Tyr^c and CD-1 albino animals, compared to the C57Bl/6 strain. Moreover, their segregation pattern seemed to be affected as well, with interconnected patches of ipsilateral termini in the stratum opticum, and a deformation of the rostrocaudal tube of ipsilateral axons. Finally, in the C57Bl/6 genetic background, a densely labeled patch of ipsilateral RGC termini was seen in the medial stratum zonale. Importantly, while these strain differences seem to be confined to the ‘subordinate’ – in comparison to the dominant, contralateral projections to the sSC – ipsilateral projection areas in the SC, behavioral analyses suggest that they may have major implications on SC function (see below).

3.1.3. Optokinetic tracking response

In addition to the morphological study of the retinofugal projections to the dLGN and SC, the retinocollicular circuit was also evaluated by means of a functional test, *i.e.* the optokinetic tracking response. Visual acuity, measured as the highest spatial frequency (cycles/degree) eliciting an optokinetic response, was found to be divergent among the C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mouse strains ($p < 0.0001$ for ANOVA). C57Bl/6 mice displayed normal visual acuity (0.40 ± 0.004 c/d) (Figure 3c), conform to what has been reported for this strain (Prusky et al., 2004), yet the optokinetic tracking response in C57Bl/6-Tyr^c and CD-1 mice was severely affected. Strikingly, normal tracking reflexes were almost completely absent in these albino mice, rather they displayed counter-directive head movements. As this behavior clearly consisted of reflexive movements in response to the moving gratings, we decided to catalog them as true responses and to determine visual acuity based on these optokinetic

‘anti-tracking’ responses. Still, in comparison to C57Bl/6 mice, reduced and more variable visual acuities of 0.32 ± 0.01 c/d and 0.28 ± 0.01 c/d were found for C57Bl/6-Tyr^c ($p < 0.001$) and CD-1 mice ($p < 0.001$), respectively (Figure 3c).

To summarize, assessment of the optokinetic tracking response revealed that vision is preserved in all three mouse strains. Nevertheless, visual acuity is lower in albino mice as compared to the C57Bl/6 mice, and their optokinetic tracking behavior is severely disturbed. Of note, the latter might potentially relate to the differential segregation of ipsilateral projections to the SC seen in these albino strains.

3.2. Evaluation of the three most commonly used glaucoma models in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice

In a second part of this study, we evaluated differences in the success and applicability of three commonly used glaucoma models in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. In addition, we also evaluated the susceptibility of each of the three mouse strains to these disease models. Importantly, given the complexity of the disease, there is still no ideal animal model that mimics all aspects of glaucoma pathogenesis. Nonetheless, a variety of different models does exist, each with their strengths and limitations, which allow to investigate at least defined processes contributing to glaucomatous damage.

The first optic neuropathy model tested, consisted of an intravitreal injection of the glutamate analogue NMDA. The importance of this excitotoxic model is often somewhat underscored, due to the controversy about excitotoxicity as a contributing factor to glaucoma. Nevertheless, it is a valuable model to investigate neuroprotective strategies to treat secondary RGC loss and excitotoxic insults in the central nervous system (CNS) (Almasieh et al., 2012; Casson, 2006; Kalia et al., 2008; Tilleux and Hermans, 2007). Intravitreal injection of NMDA had a nearly 100% success rate in inducing RGC death, although a moderate

443 degree of variability existed. Intriguingly, intravitreal injection of NMDA in the three mouse
444 strains resulted in very divergent degrees of RGC degeneration ($p < 0.001$ for ANOVA).
445 Evaluation of RGC survival at 4 dpi, proved C57Bl/6 mice to be the most resistant to
446 NMDA-induced RGC death, while CD-1 mice were the most sensitive (Figure 4a).

447 Next, we evaluated the effect of ONC on RGC survival in C57Bl/6, C57Bl/6-Tyr^c, and CD-1
448 mice. Although the acuteness of this model does not correspond to human glaucoma patients,
449 at least part of the glaucomatous damage in patients with ocular hypertension is believed to
450 result from IOP-induced mechanical forces damaging the optic nerve axons. As such, the
451 ONC model is of particular benefit when studying the contribution of axonal damage to
452 glaucoma pathogenesis (Johnson and Tomarev, 2010; McKinnon et al., 2009). Evaluation of
453 RGC survival at 7 dpi revealed that C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice responded
454 identically to ONC, resulting in highly reproducible, low-variability results among the three
455 strains under study (Figure 4b).

456 Finally, RGC degeneration following LP-induced monocular hypertension was investigated.
457 Given that elevated IOP remains the most important modifiable risk factor for glaucoma,
458 animal models of OHT are highly valued in the elucidation of the pathology of RGC
459 degeneration in humans (Vidal-Sanz et al., 2012). Monocular hypertension models have been
460 extensively described in CD-1 mice (Cuenca et al., 2010; Dekeyster et al., 2015a; Fu and
461 Sretavan, 2010; Salinas-Navarro et al., 2009a). Due to pigmentation of the sclera, ciliary
462 body, and iris, as well as strain-related differences in the size of the eye, however, the laser
463 settings used for CD-1 mice are insufficient to induce monocular hypertension in C57Bl/6
464 and C57Bl/6-Tyr^c mice. Therefore, laser settings were optimized to yield an optimal set of
465 parameters for each of the three mouse strains (own observations, (Valiente-Soriano et al.,
466 2015)). These settings resulted in an IOP profile that mimics the well-established response in
467 CD-1 mice, with a success rate of nearly 100% in all three strains. More in detail, a steep rise

in IOP was seen at 1 day post LP, resulting in an average IOP of 41.9 ± 1.6 mmHg. In general, this IOP elevation was sustained for 5 days (4 days for C57Bl/6-Tyr^c mice) ($p < 0.001$), after which the IOP gradually decreased to return to its baseline value by day 6 (Figure 4c).

At 14 dpi, a sectorial pattern of RGC death, in addition to diffuse loss of RGCs, was observed in all three mouse strains under study. However, notwithstanding the overlap in IOP profiles, the extent of RGC degeneration following LP-induced temporary monocular hypertension did vary. While no significant difference in average RGC death was observed between C57Bl/6 and C57Bl/6-Tyr^c mice ($26.0 \pm 3.8\%$ *versus* $41.0 \pm 10.0\%$), RGC death was significantly higher in CD-1 mice ($86.9 \pm 2.1\%$) as compared to the C57Bl/6 background ($p < 0.0001$) (Figure 4d). A correlation analysis for each strain, plotting individual IOP exposure (X, *i.e.* integral Δ IOP) and RGC loss (Y) for each animal, revealed that the observed intra-strain variation in RGC loss is unrelated to IOP for CD-1 (Pearson $R = -0.3429$; $p > 0.05$) and C57Bl/6-Tyr^c (Pearson $R = -0.4957$; $p > 0.05$), but not for C57Bl/6 mice (Pearson $R = -0.8524$; $p < 0.01$). Overall, as no correlation between RGC survival and IOP exposure was found for two out of the three strains, these results confirm that the inter-strain differences in RGC death that were observed in this study reflect the effect of ‘strain-related’ factor(s) rather than IOP differences.

Intriguingly, the effect of the genetic background on RGC survival within the ocular hypertension model, was also apparent when axonal transport integrity and visual function were evaluated. At 4 dpi, all RGCs were still alive, yet the earliest signs of dysfunctional axonal transport became apparent, similar to what has been reported previously (Salinas-Navarro et al., 2009a; Valiente-Soriano et al., 2015; Vidal-Sanz et al., 2012) (Figure 5). Indeed, the number of retrogradely labeled RGCs was immediately lower in CD-1 mice as compared to mice with a C57Bl/6 background ($p < 0.001$ *versus* C57Bl/6, $p < 0.05$ *versus*

C57Bl/6-Tyr^c) (Figure 5b). Also the rate of visual acuity deterioration was faster in CD-1 mice ($p < 0.001$ for ANOVA) (Figure 5d), indicative for a higher susceptibility of the RGCs and their axons to ocular hypertension-induced neurodegeneration.

Overall, genetic background appeared to have a clear impact on RGC degeneration, although this was very much depending on the kind of glaucoma disease models used. While RGC degeneration resulting from ONC proved to be equal in the three mouse strains studied, NMDA- and ocular hypertension-induced RGC death were dramatically modulated by the genetic background. Notably, in both models, CD-1 mice appeared to display the highest sensitivity, while the C57Bl/6 background was the most resistant to RGC damage.

4. Discussion

In this study, we set out to discover whether differential susceptibility to glaucomatous RGC degeneration in CD-1, albino C57Bl/6 and pigmented C57Bl/6 mice, is related to structural differences in the eye/visual system of either mouse strain, to a differential response to elevated IOP, and/or to other not-yet-known factors. A central question in this investigation was whether albinism alone is the main factor predisposing mice to more severe glaucomatous neurodegeneration, or whether other factors inherent to the genetic background are at play as well.

4.1. Differential ocular morphology and visual system organization in pigmented *versus* albino mice

No fewer than 30.000 genes are believed being expressed in the mammalian nervous system, and it is to be suspected that a small yet important subset of alleles of this extraordinarily large number of genes has well-defined effects on the structure and function of the mammalian CNS (Williams et al., 1996). In the eye/retina, many morphological and

functional characteristic have been shown to vary among mouse strains: IOP and aqueous humor outflow resistance, scleral biomechanics, RGC and cone density, congenital retinal degeneration, visual projection patterns, performance in vision-guided behavior tasks, *etc.* (see introduction). In a first step of this investigation, we set out by defining to what extent albinism (*i.e.* the *Tyr^c* mutation) contributes to these baseline characteristics – that might ultimately influence the response to glaucomatous injury. Unraveling this research question, we took advantage of the genetic lineage of C57Bl/6 and C57Bl/6-*Tyr^c* mice, which share the exact same genetic background except for one mutation in the *Tyr^c* gene. Besides, CD-1 mice were included as a third strain, sharing the *Tyr^c* mutation with the C57Bl/6-*Tyr^c* mice yet further belonging to a very distinct genetic background. As such, the combinatorial study of these three mouse strains allowed us to dissect the relative importance of albinism *versus* genetic background.

Given the crucial role of L-3,4-dihydroxyphenylalanine (L-Dopa) during the development of the iridocorneal angle and retinofugal projections (Bhansali et al., 2014; Cronin et al., 2003; Eisenhofer et al., 2003; Gimenez et al., 2004; Jeffery et al., 1997; Jeffery et al., 1994; Libby et al., 2003; Roffler-Tarlov et al., 2013; Savinova et al., 2001), we hypothesized that L-Dopa depletion in albino mice with the *Tyr^c* mutation – tyrosinase is a rate-limiting in L-Dopa biosynthesis – would result in ocular hypertension and misguidance of RGC axons at the optic chiasm. Indeed, significant differences in baseline IOP were observed amongst the three mouse strains included in this study. However, although a higher IOP was seen in C57Bl/6-*Tyr^c* mice, confounding genetic factors appear to counteract IOP elevation in CD-1 mice. Second, and in agreement with the hypothesis, missegregation of retinogeniculate projections came to light in C57Bl/6-*Tyr^c* and CD-1 mice: a reduced density and rather diffuse appearance of ipsilateral projection zones was seen in the dLGN, and to a lesser extent also in the SC. Moreover, these disturbed retinotopic visual field representations

appeared to affect visual functioning, as C57Bl/6-Tyr^c and CD-1 mice not only had reduced visual acuity, but also displayed so-called optokinetic ‘anti-tracking’ responses. Of note, this striking ‘misbehavior’ of albino mice in the optomotor test has never been described before, and suggests that the full implications of axonal misrouting in the albino visual system are still being uncovered. The present study furthermore discovered a densely labeled, well-delineated patch of ipsilaterally projecting RGCs in the medial stratum zonale of the SC, in C57Bl/6 and C57Bl/6-Tyr^c mice, but not in CD-1 animals. By consequence, this feature seems to be related to the C57Bl/6 genetic background, not to tyrosinase deficiency.

Also related to the genetic background rather than directly originating from the Tyr^c mutation, is the variance in RGC numbers in different mouse strains (Williams et al., 1996). Significant differences, both in the total number and density of the RGC population, were seen between the C57Bl/6 and the CD-1 genetic background in this study, yet not among C57Bl/6 and C57Bl/6-Tyr^c mice. In contrast, the gross organization of the retina, *i.e.* the thickness of its different layers, was similar in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. Our data confirm previous reports (Salinas-Navarro et al., 2009b; Williams et al., 1996) and once more point out that CD-1 mice carrying a homozygous *rd1* mutation of the *Pde6b* gene – which does not occur in the C57Bl/6 background – are doubtfully suited for research into ocular pathologies (Hart et al., 2005; Serfilippi et al., 2004). It is thus advisable for any retina study using this albino strain, to determine the presence of the mutation and to monitor potential interference with experimental outcomes.

Altogether, in the visual system, albino mutations in the mouse *Tyr* gene appear to result in a set of diverging phenotypes that are the result of differential modifier genes in the genetic background. While the function of tyrosinase in melanin synthesis results in a phenotype, *i.e.* oculocutaneous albinism, that remains unaltered regardless of the genetic background, L-

Dopa depletion in these mice leads to a set of developmental abnormalities that are modified by complex, multifactorial influences of the genetic background.

4.2. Why are mouse strains differentially susceptible to RGC degeneration induced by different optic neuropathy models?

In a second aspect of this study, we continued to investigate whether the greater susceptibility to RGC degeneration that has been reported in CD-1 mice (Cone et al., 2010; Cone et al., 2012; Nguyen et al., 2013), could derive from the aforementioned structural differences in the eye/visual system, from a differential response to elevated IOP, or from other disease-modifying genes encoded in the genetic background.

Altogether, susceptibility to RGC degeneration is a complex trait modulated by several distinct genomic loci (Dietz et al., 2008; Li et al., 2007; Templeton et al., 2009). The present results can be interpreted in the context of a study by Libby *et al.*, who dissected the multifactorial complexity of genetic susceptibility factors into two broad classes of genes that can affect the outcome of glaucomatous damage. The first class modulates the intrinsic susceptibility of RGCs and comprises genes that directly affect RGC survival, including pro- and anti-apoptotic genes, genes encoding free radical scavengers and heat shock proteins, *etc.* The second class of genes modulates extrinsic susceptibility of RGCs, e.g. genes predicted to influence micro- and macroglia reactivity, ECM composition and dynamics, density and regulation of retinal and optic nerve vasculature, the immune responses in the eye (Li et al., 2007; Libby et al., 2005).

For a start, the experimental outcomes in the NMDA and ONC models of optic neuropathy are excellent illustrations of this concept of genes modulating the intrinsic *versus* extrinsic susceptibility of RGCs to apoptosis. In the NMDA model, higher susceptibility to excitotoxic neurodegeneration in C57Bl/6-Tyr^c and CD-1 mice can be directly related to the lack of

592 tyrosinase activity and the resulting shortage in L-Dopa – and therefrom synthesized
593 dopamine – in these mice. In this optic neuropathy model, the *Tyr* gene modulates extrinsic
594 susceptibility of RGCs via its profound effect on retinal dopamine levels and melanin
595 synthesis, which have been shown to confer neuroprotection by regulating physiological
596 glutamate signaling and restricting glutamate-induced excitotoxicity (Kitaoka et al., 2003;
597 Palumbo et al., 2000; Safa and Osborne, 2000), by inhibiting NMDA receptor activity
598 (Castro et al., 1999; Kashii et al., 1994; Kitaoka et al., 2003; Vaarmann et al., 2013), and by
599 scavenging free radicals (Bilgihan et al., 1995; Corsaro et al., 1995; Porebska-Budny et al.,
600 1992; Scalia et al., 1990; Valverde et al., 1996). Together these tyrosinase-dependent actions
601 explain the high rate of RGC death in C57Bl/6-Tyr^c and CD-1 mice *versus* pigmented
602 C57Bl/6 mice. However, with CD-1 mice being far more sensitive than C57Bl/6-Tyr^c mice,
603 an additional interplay of disease-modifying genes encoded in their distinct genetic
604 backgrounds seems to be at play as well. In contrast, given that axonal lesion is expected to
605 directly activate apoptosis, the subset of disease-modifying genes can likely be reduced to
606 intrinsic susceptibility genes in the ONC model (Li et al., 2007; Libby et al., 2005). As these
607 genes appear to be well-conserved among different genetic lineages (Reed et al., 2003), the
608 lower complexity of the of the ONC models – in terms of number and interplay of
609 contributing signaling pathways – might thus explain why genetic background seems to be
610 sidelined.

611 On the other hand, comparative studies revealed overlapping gene expression profiles in
612 murine models of ONC and ocular hypertension-induced glaucoma, indicating that a
613 glaucomatous insult with many of the same molecular changes is evoked in both models
614 (Panagis et al., 2011; Schlamp et al., 2001; Steele et al., 2006). This can also be deduced from
615 the fact that many neuroprotective strategies have been shown to be effective after ONC as
616 well as ocular hypertension-induced glaucoma. Of note, these therapeutic strategies, e.g. dual

617 leucine zipper kinase inhibition, neurotrophin supplementation, TNF- α inhibition (Dekeyster
618 et al., 2015b; Domenici et al., 2014; Fernandes et al., 2014; Roh et al., 2012; Tezel et al.,
619 2004; Welsbie et al., 2013), all act at somal degeneration pathways. Overall, we propose that
620 the neurodegeneration evoked by ONC mainly appeals to the intrinsic susceptibility of RGCs,
621 while ocular hypertension-induced RGC death – characterized by a complex interplay of risk
622 factors that go beyond the acute effects of the elevated IOP-related mechanical injury – is
623 influenced by a complexity of genetic susceptibility factors, both intrinsic and extrinsic. This
624 might explain why RGC survival rates were found to diverge in the latter model. Integration
625 of the data from the ONC and ocular hypertension-induced glaucoma models in this study,
626 comparing the C57Bl/6 *versus* CD-1 genetic background, indeed revealed a differential
627 strain-dependent effect on RGC survival after ONC and LP – *i.e.* the same RGC death after
628 ONC, but worse after LP for CD-1. First of all, these findings thus support the concept that
629 diverging RGC survival is due to factors other than the somal response to any kind of axonal
630 injury (*i.e.* intrinsic susceptibility), and is rather related to how and when the injury is
631 delivered (*i.e.* to differential involvement of extrinsic susceptibility factors). Second, strain-
632 related differences in RGC survival appear to be more centrally associated with ocular
633 hypertension-induced glaucomatous damage than broad optic neuropathy models such as
634 ONC.

635 Finally, what factors underlie the generally higher susceptibility of CD-1 mice to
636 glaucomatous RGC death (Cone et al., 2010; Cone et al., 2012; Li et al., 2007)? Current
637 knowledge of risk factors at play in CD-1 mice, is limited to altered scleral biomechanical
638 behavior and increased axial length (Cone et al., 2010; Nguyen et al., 2013). Nevertheless,
639 based on the present findings – relating independent outcomes of the RGC population, visual
640 projection and visual behavior –, we can suggest several other contributing factors that might
641 deserve more in-depth investigation in follow-up studies. First, it is to be noted that baseline

IOP appears to be irrelevant in the LP model used, as CD-1 mice – with the lowest IOP of all three strains – would theoretically be at low risk for developing glaucoma. Second, (secondary) RGC loss due to excitotoxicity is an integral component of ocular hypertension-induced glaucoma (Almasieh et al., 2012; Casson, 2006). The increased susceptibility to ocular hypertension-induced RGC death in CD-1 mice might therefore be (partially) related to their decreased ability to cope with excitotoxic stress – note the similarities in the RGC survival graphs for the NMDA and LP models (Figure 4a and d). In addition, given the higher density of RGCs in the retina of CD-1 mice, glutamate release might be manifold and result in an exponential cascade of paracrine pro-apoptotic signaling. Third, in line with e.g. (Buckingham et al., 2008; Fahy et al., 2015; Martin et al., 2006; Vidal-Sanz et al., 2012), our data suggest that RGC axonal transport deficits precede RGC loss in the LP model, and that early changes in visual function may be caused by axonal dysfunction rather than by cell loss. Furthermore, this loss in axonal transport integrity and visual acuity appeared to be larger – already at day 1 post injury – and to progress faster in CD-1 mice, eventually resulting in a higher RGC death. It remains entirely speculative whether the aberrant segregation of retinofugal axons does confer to this increased susceptibility to axonal injury. Differential axonal transport rates in albino *versus* pigmented animals (Lund, 1975), abrogated retrograde (neurotrophic) support due to mistargeting to neurons in the dLGN and SC – *cfr.* developmental refinement of mistargeted retinal projections by BDNF (Ernst et al., 2000; Schmidt, 2004) –, as well as differential susceptibility to ocular hypertension-induced damage depending on the anatomical position of the axon in the optic nerve head/visual projection (Giolli and Creel, 1973; Osborne et al., 2001), are only a few possible explanations for our observations. Moreover, our behavioral analyses suggest that visual acuity and SC functionality is already severely disturbed at baseline in CD-1 mice, potentially leading to a state that is more vulnerable to additional losses of axonal projections.

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Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

LDG and ED designed the study, performed the experiments and prepared the manuscript; EG, EL, and MSN performed the experiments; LDG, ED, IS, and LM contributed to the analysis and interpretation of the data; LM designed the study and prepared the manuscript.

All authors read and approved the final manuscript.

Figure captions

Figure 1.

Retinal histology and RGC density in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. (a-d) *In vivo* OCT scans of C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. Representative image of N=10 per strain; scale bar: 50 μ m. (e-h) Hematoxylin and eosin-stained transverse sections of the retina of C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice. Representative image of N=4 per strain; scale bar: 20 μ m. (d, h) In our colony, 21% of the CD-1 mice are carrying a homozygous *rd1/rd1* mutation, resulting in a total loss of the outer retinal layers due to photoreceptor degeneration. (i) A detailed morphometric analysis on retinal sections reveals, upon exclusion of CD-1 mice carrying the *rd1* mutation, no significant differences in the thickness of any retinal layer (N=4, two-way ANOVA). (j) Evaluation of RGC density on retinal flatmounts points out a higher number of RGCs per mm² in CD-1 mice (N=10, one-way ANOVA). Data are presented as mean \pm SEM. NFL: nerve fiber layer, GCL: ganglion cell layer; IPL: inner plexiform layer, INL: inner nuclear layer; OPL: outer plexiform layer, ONL: outer nuclear layer; PRL: photoreceptor layer; total: thickness of the entire retina, measured from the NFL till the ONL.

Figure 2.

Anterograde tracing of retinofugal projections to the dLGN in C57Bl/6, C57Bl/6- Tyr^c, and CD-1 mice, within the rostrocaudal region between Bregma -2.10 mm and -2.60 mm. (a) The dLGN is outlined based on a VGluT2 immunostaining. In C57Bl/6-Tyr^c and CD-1 mice, the ipsilateral retinogeniculate projection is more diffuse, as compared to the C57Bl/6 mice, and the core of the ipsilateral zone within the contralateral dLGN (arrow) is not well delineated. (b) In C57Bl/6 mice, there is no difference in the density of ipsilateral *versus* contralateral RGC axon termini. In contrast, in C57Bl/6-Tyr^c and CD-1 mice, ipsilateral termini are less dense compared to contralateral projections (N=3-4, two-way ANOVA) [x]. When comparing ipsilateral projections among the three strains, both albino strains show lower values as compared to the pigmented C57Bl/6 strain (N=3-4, one-way ANOVA) [y]. In addition, C57Bl/6-Tyr^c and CD-1 mice have more contralateral projecting RGCs terminating within the ipsilateral core (N=3-4, one-way ANOVA) [z]. (c) Transverse section of the dLGN, with a schematic representation of the theoretical RGC projection zones, along with the ROIs (cfr. methodology section) in which CTB labeling is analyzed. (d) Separated from the bulk of contralateral axon terminals, a patch of contralateral termini (arrowhead) is detected in all four C57Bl/6-Tyr^c and in two out of four CD-1 mice. This phenotype is never observed in C57Bl/6 wild types. (e) In C57Bl/6-Tyr^c mice, the density of these RGC axon terminals in the ROI ‘contra patch’ is higher compared to the density within the neighboring contralateral zone (N=4, Student’s *t*-test). Data are presented as mean \pm SEM.

Figure 3.

Anterograde tracing of retinofugal projections to the SC in C57Bl/6, C57Bl/6- Tyr^c, and CD-1 mice, within the rostrocaudal region between Bregma -3.16 mm and -4.84 mm. (a)

The boundary (dotted line) between the visually driven layers of the sSC, including the stratum zonale (SZ), stratum griseum superficiale (SGS), and stratum opticum (SO), and the underlying deep SC, is outlined based on a VGluT2 immunostaining. Ipsilateral retinocollicular projections mainly terminate in the lower sSC. Cross-section 1: clearly distinct ipsilateral patches in the SO are visible in the rostral sSC of C57Bl/6 and C57Bl/6-Tyr^c mice, but this zone is more continuous in CD-1 animals. In addition, in C57Bl/6 and C7Bl/6-Tyr^c mice, a densely labeled small patch of ipsilateral projections is observed in the medial SZ (arrowhead). Cross-sections 2 and 3: the rostrocaudal tube-like ipsilateral projection zone (arrows) is densely labeled with CTB signal in C57Bl/6 mice, while in both albino strains, the CTB signal appears more diffuse. In CD-1 mice particularly, the shape of this tube is rather stretched along the lateromedial axis as compared to the round shape in C57Bl/6 and C57Bl/6-Tyr^c mice. Scale bars: 200 μ m. (b) Left: top view on both SCi, dotted lines mark the rostrocaudal position of the coronal sections. Right: coronal sections of the SCi, illustrating theoretical projections from the CTB-injected eye. (c) Visual acuity in albino mice is significantly reduced in comparison to the C57Bl/6 strain. Moreover, CD-1 mice display an even worse visual acuity than C57Bl/6-Tyr^c mice (N=10, one-way ANOVA). Data are presented as mean \pm SEM.

Figure 4.

RGC survival in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice after induction of glaucoma by means of intravitreal injection of NMDA, ONC, and LP of the episcleral and perilimbal vessels. (a) At 4 dpi of NMDA, C57Bl/6, C57Bl/6-Tyr^c and CD-1 mice display significantly different RGC survival rates (N=5-9, two-way ANOVA). (b) Survival of Brn3a⁺ RGCs at 7 days post ONC is identical in C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice (N=7-11, one-way ANOVA). (c) Adjustment of the laser parameters for each strain results in overlapping IOP profiles for C57Bl/6, C57Bl/6-Tyr^c, and CD-1 mice after LP of the episcleral and perilimbal vessels (N=10-11, repeated measures two-way ANOVA). (d) Average survival of Brn3a⁺ RGCs at 14 days post LP is similar in C57Bl/6 and C57Bl/6-Tyr^c, yet lower in CD-1 mice (N=10-11, one-way ANOVA). Data are presented as mean \pm SEM.

Figure 5.

Loss of axonal transport and diminished visual function, precede ganglion cell loss in an ocular hypertension-induced glaucoma model. (a) At 14 dpi, C57Bl/6 and C57Bl/6-Tyr^c *versus* CD-1 mice display significantly different RGC survival rates (N=9-10, two-way ANOVA). The number of Brn3a⁺ RGCs is expressed relative (%) to the number of Brn3a⁺ RGCs in naive retinas. (b) A similar trend, *i.e.* higher disease severity in CD-1 mice compared to the C57Bl/6 background, is seen when axonal transport integrity is evaluated by means of OHSt retrograde labeling at 4 dpi (N=7-9, two-way ANOVA). The number of OHSt⁺ RGCs is expressed relative (%) to the number of OHSt⁺ RGCs in naive retinas. (c) At 4 dpi, no RGC death is observable, while the first signs of axonal transport deficits are emerging. As a result, all RGCs retain Brn3a labeling yet only a subset can still be visualized via retrograde labeling with OHSt. Arrow: example of Brn3a⁺ OHSt⁻ RGC. Scale bar, 50 μ m. (d) Visual acuity starts to decrease as soon as 1 dpi, and this deterioration in visual function appears to progress faster in CD-1 mice as compared to C57Bl/6-Tyr^c mice (N=8-10, two-way ANOVA). Data are presented as mean \pm SEM.